

FILED 054506973

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

EPA I.D. NUMBER: IL0008450697

FACILITY NAME: CUSTOM ORGANICS INC

FACILITY MAILING ADDRESS: 1445 W 42ND ST CHICAGO, IL 60609

FACILITY LOCATION: 1445 W 42ND ST CHICAGO, IL 60609

EPA Region 5 Records Ctr.



324750

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP CUSTOM ORGANICS INC

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)

B. PHONE (area code & no.)

2 GAVLIN GILBERT PRESIDENT

312 247 2828

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

1445 W 42ND ST

B. CITY OR TOWN

C. STATE

D. ZIP CODE

4 CHICAGO

IL

60609

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 1445 W 42ND ST

B. COUNTY NAME

COOK

C. CITY OR TOWN

D. STATE

E. ZIP CODE

F. COUNTY CODE (if known)

6 CHICAGO

IL

60609

031

<b>A. FIRST</b> 2869 (specify) <b>INDUSTRIAL ORGANIC CHEMICALS</b>	<b>B. SECOND</b> 77391 (specify) <b>RESEARCH AND DEVELOPMENT LABS</b>
<b>C. THIRD</b> 865 (specify) <b>CYCLOC COOL TAR CRUDES AND INTERMEDIATES</b>	<b>D. FOURTH</b> 72861 (specify) <b>GUM AND WOOD CHEMICALS</b>

<b>II. OPERATOR INFORMATION</b>																							
<b>A. NAME</b> CUSTOM ORGANICS INC	<b>E. Is the name listed in Item VIII-A also the owner?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																						
<b>C. STATUS OF OPERATOR</b> (Enter the appropriate letter into the answer box; if "Other", specify.) F = FEDERAL    M = PUBLIC (other than federal or state) S = STATE      O = OTHER (specify) P = PRIVATE    P (specify) CORPORATION	<b>D. PHONE</b> (area code & no.) <table border="1" style="width:100%; text-align: center;"> <tr> <td>C</td> <td>3</td> <td>1</td> <td>2</td> <td>2</td> <td>4</td> <td>7</td> <td>2</td> <td>8</td> <td>2</td> <td>8</td> </tr> <tr> <td>A</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	C	3	1	2	2	4	7	2	8	2	8	A										
C	3	1	2	2	4	7	2	8	2	8													
A																							
<b>E. STREET OR P.O. BOX</b> 445 W 42ND ST																							
<b>F. CITY OR TOWN</b> CHICAGO	<b>G. STATE</b> IL																						
<b>H. ZIP CODE</b> 60609	<b>IX. INDIAN LAND</b> Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																						

<b>EXISTING ENVIRONMENTAL PERMITS</b>													
<b>A. NPDES (Discharges to Surface Water)</b> <table border="1" style="width:100%; text-align: center;"> <tr> <td>T</td> <td>I</td> <td></td> </tr> <tr> <td>N</td> <td></td> <td></td> </tr> </table>	T	I		N			<b>D. PSD (Air Emissions from Proposed Sources)</b> <table border="1" style="width:100%; text-align: center;"> <tr> <td>C</td> <td>T</td> <td>I</td> </tr> <tr> <td>9</td> <td>P</td> <td></td> </tr> </table>	C	T	I	9	P	
T	I												
N													
C	T	I											
9	P												
<b>B. UIC (Underground Injection of Fluids)</b> <table border="1" style="width:100%; text-align: center;"> <tr> <td>T</td> <td>I</td> <td></td> </tr> <tr> <td>U</td> <td></td> <td></td> </tr> </table>	T	I		U			<b>E. OTHER (specify)</b> 1980-39-DE (specify) ILLINOIS EPA PERMIT NO. HAZARDOUS WASTE MGMT. DEV. NO.						
T	I												
U													
<b>C. RCRA (Hazardous Wastes)</b> <table border="1" style="width:100%; text-align: center;"> <tr> <td>T</td> <td>I</td> <td></td> </tr> <tr> <td>R</td> <td></td> <td></td> </tr> </table>	T	I		R			<b>E. OTHER (specify)</b> 031600B0Z (specify) ILLINOIS EPA PERMIT NO. -EQUIPMENT						
T	I												
R													

**I. MAP**  
 Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

**II. NATURE OF BUSINESS** (provide a brief description)  
 ATTACHED.

F9:A/50  
F9:A/51

<b>III. CERTIFICATION</b> (see instructions)		
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.		
<b>A. NAME &amp; OFFICIAL TITLE</b> (type or print) WILBERT GAVLIN, PRESIDENT	<b>B. SIGNATURE</b> 	<b>C. DATE SIGNED</b> Nov. 18, 1980
<b>COMMENTS FOR OFFICIAL USE ONLY</b>		



## HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

EPA I.D. NUMBER

F I L D 0 0 5 4 5 0 6 9 7 3 1

RCRA

## FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)

COMMENTS

## II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

## A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

## B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS☐ 2. FACILITY HAS A RCRA PERMIT

## III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)
X-1	S02	400	U
X-2	T04	20	E
X-3	S04	250,000,000	U
X-4	S04	100,000,000	U
X-5	T01	230,000,000	U
X-6	T04	60,000,000	U

LINE NUMBER - 4 - FRACTIONAL DISTILLATION - 60,000 GAL/DAY  
5 - SIMPLE DISTILLATION - 43,200 GAL/DAY  
6 - CONTINUOUS NEUTRALIZATION - 24,000 GAL/DAY  
7 - LIQUID-LIQUID EXTRACTION - 40,800 GAL/DAY

#### V. DESCRIPTION OF HAZARDOUS WASTES

**EPA HAZARDOUS WASTE NUMBER** - Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**ESTIMATED ANNUAL QUANTITY** - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**UNIT OF MEASURE** - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

<b>ENGLISH UNIT OF MEASURE</b>	<b>CODE</b>	<b>METRIC UNIT OF MEASURE</b>	<b>CODE</b>
POUNDS . . . . .	P	KILOGRAMS . . . . .	K
TONS . . . . .	T	METRIC TONS . . . . .	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

#### PROCESSES

##### 1. PROCESS CODES:

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

##### 2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NUMBER	A. EPA HAZARDOUS WASTE NUMBER (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D S 0	
X-2	D 0 0 2	400	P	T 0 3 D S 0	
X-3	D 0 0 1	100	P	T 0 3 D S 0	
X-4	D 0 0 2				included with above

W	DUP				T/A	C	DUP			
3					3	2				

## IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

[illegible]

USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

LINE ITEMS 1-6. ALL WILL REQUIRE SIMPLE AND FRACTIONAL DISTILLATION TO RECOVER VARIOUS COMPONENTS.

EPA I.D. NO. (enter from page 1)

1 I L D 0 0 5 4 5 0 6 9 7 3 6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

F6:A/55

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

F6:A/56

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

41 48 050 500

087 40 000

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

GILBERT GAVLIN, PRESIDENT

Gilbert Gavlin

Nov. 18, 1980

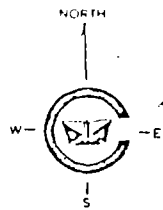
X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED



CUSTOM ORGANICS, INC.  
OCTOBER 1980  
scale 1"=10' on original

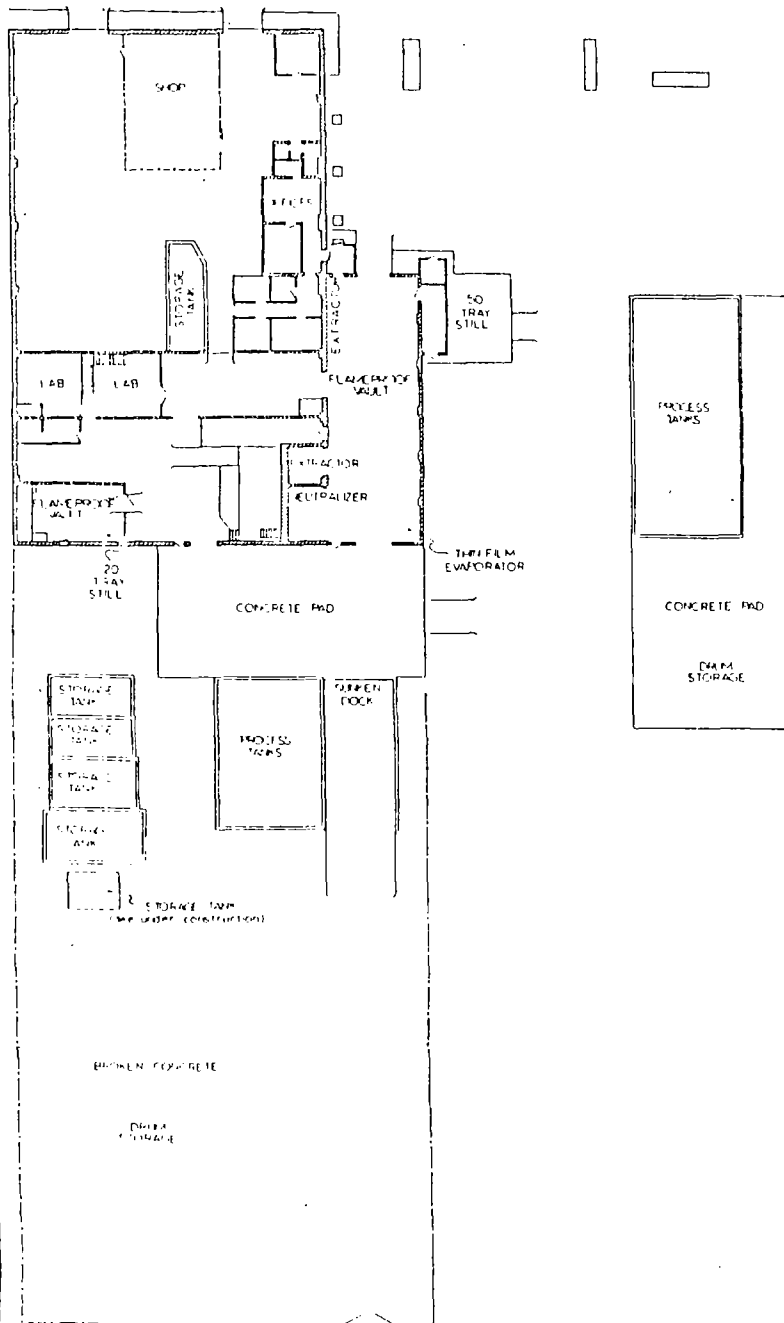
by R.C. RICKERT

30 20 10 0 30 60  
Scale in feet

BOXER HOUSE  
&  
SHOP

BROKEN CONCRETE

WEST 42ND STREET (private road)





# CustomOrganics Inc.

1445 WEST 42ND STREET • CHICAGO, ILLINOIS 60609 • 312/247-2828

11/17/80

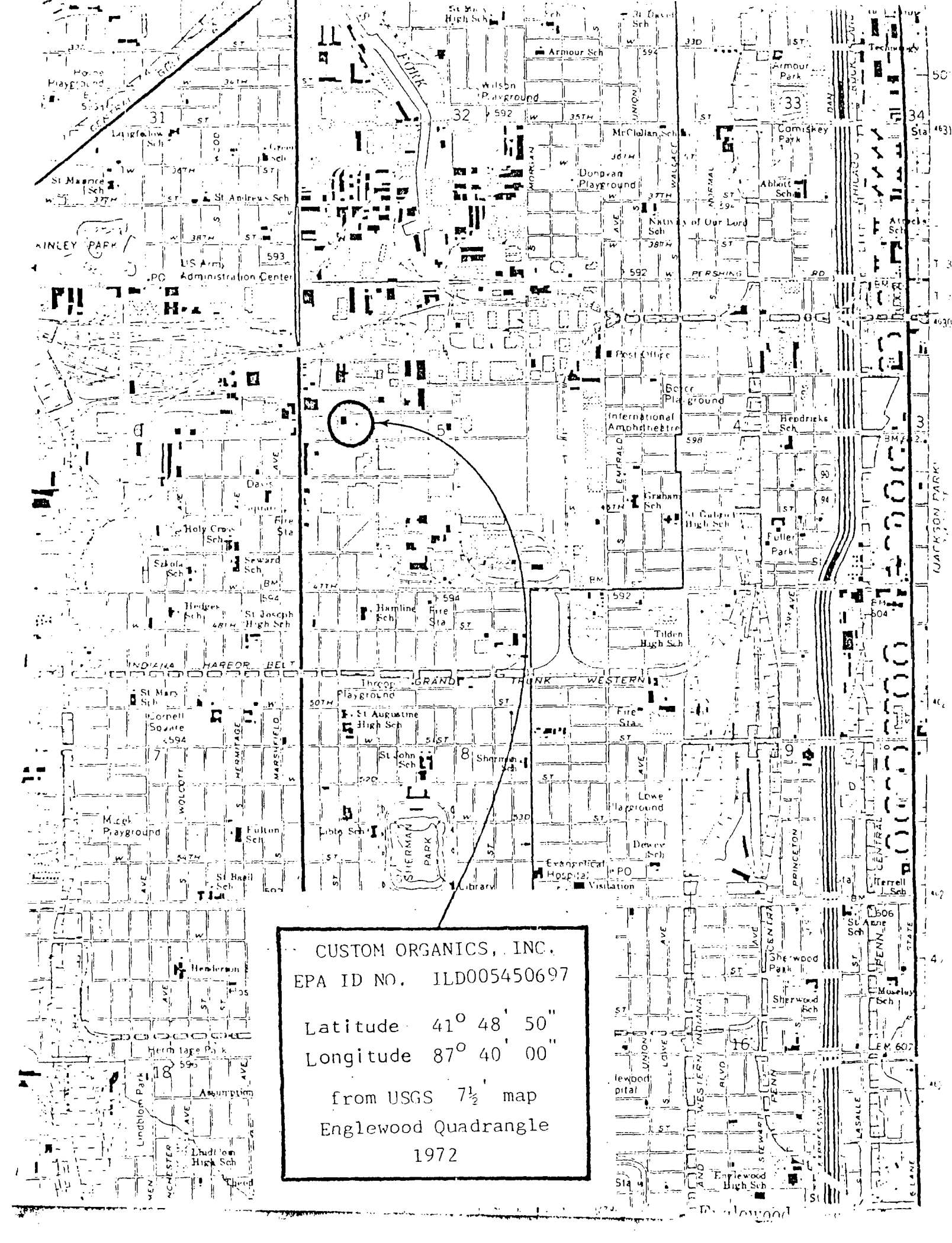
EPA I. D. No. ILD 005450697

Form 1, Item XI

Addendum to Topo. Map.

- a. The only intake is city water.  
The only discharge is cooling water to sewer.
- b. There are no wells either for intake or injection.
- c. There are no springs or surface water bodies within one-quarter mile of Custom Organics.
- d. There is no intake or discharge structure or hazardous waste disposal site associated with Custom Organics.  
All wastes are disposed via contract with Waste Management Inc., an Ill. E.P.A. licensed disposal company. Wastes are moved by tank truck to Waste Management disposal sites.





CUSTOM ORGANICS, INC.  
EPA ID NO. 1LD005450697  
Latitude 41° 48' 50"  
Longitude 87° 40' 00"  
from USGS 7½' map  
Englewood Quadrangle  
1972



# CustomOrganics Inc.

1445 WEST 42ND STREET • CHICAGO, ILLINOIS 60609 • 312/247-2828

11/17/80

EPA I.D. No. ILD 005450697

Item XII

## Description of the Company

The business of Custom Organics is Resource Recovery as it pertains to Organic Chemicals. It does not dispose of waste within the Company property boundaries. Our income is derived mainly from production contracts under which we receive spent streams from chemical plants. Components are separated and purified in our equipment after which they are returned to the plants from which they came for use interchangeably with virgin chemicals. Outgoing products must fully meet the raw material specifications for the process from which they came. We are the only company with our technical capabilities within the State of Illinois. Moreover, we have no competitors within 500 miles in any direction. We have operated in our present location since 10/31/69. Equipment is engineered in conformance with the highest professional standards. In addition to routine inspections by municipal agencies, its operations and plant are regularly inspected by the engineering staff of its clients who ordinarily must approve the professional proficiency of our Company before any work may be carried out. Our customers include, for example, the following companies,

E. I. DuPont de Nemours and Company  
G. D. Searle and Co.  
The Upjohn Company  
PPG Corporation  
The IBM Corporation

These are among the most wellrun, high technology companies in the United States. Our Company must, and does, compare in technical qualifications and standards.

The work of seven senior staff members are devoted to research on both chemical and physical problems. These people include 3 Ph.D.'s, 2 M.S.'s, and 2 B.S.'s. Studies concern specific chemicals, the development of separation processes, the design of equipment needed for separation processes, and the development of handling procedures.



# CustomOrganics Inc.

1445 WEST 42ND STREET • CHICAGO, ILLINOIS 60609 • 312/247-2828

11/17/80

EPA I.D. No. ILD 005450697

Item XII

Page 2

Custom Organics production processes are typical of high technology unit operations carried out in any advanced design chemical plant. They are not in and of themselves concerned with waste treatment but only with prevention of valuable chemicals from becoming waste.

Our Company represents an important and valuable resource for our community. It is based on high technology requiring skilled labor obtaining high average salaries. Furthermore, this labor is obtained through our own in-house training program.

The key to Company operations is very high quality products. It will be essential in an era of growing shortages to re-use spent chemicals without loss in product quality or efficiency. It will be essential to re-use chemicals in order to reduce problems of disposal.

